



Importance of Diversity in Meals

What is Meal Diversity? Why is it important?

Baseline survey measured meal diversity score and found that meal diversity scores for both mothers and children in Nepal are low. Meal diversity score shows the ability of households to access variety of foods, and also helps to inform whether the diets of individuals were nutritiously adequate or not. Low meal diversity scores means that diets of both mothers and children are lacking in food varieties and do not provide adequate nutrition. This means that efforts have to be made to improve availability and access of diverse and nutritious food, as well as promote increased amount, frequency and diversity of food groups in diets of mothers and children.

Facts

- Less than 20% of women consume meat, less than 5% consume eggs, less than 40% consume green leafy vegetables and less than 20% consume vitamin A rich fruits and vegetables
- Only 15% of children 6-24 months of age consume meat, only 7% consume eggs, less than 20% consume iron-rich foods, only 33% consume vitamin A rich fruits and vegetables

What we learned from our baseline survey and formative research:

- **Mothers do not eat diverse food.**
 - Mothers eat a lot of staples and legumes.
 - They consume very little green leafy vegetables and fruits, and only occasionally eat meat and eggs.
 - Some households eat one type of food continuously until it is no longer available. They then move on to other types of foods.
- **The amount and nutritional diversity of food items do not increase during pregnancy.**
 - Mothers want to eat tastier food during pregnancy. They put more consideration on taste than on the nutritional content of each food.
 - Meat and eggs are included in mothers' food after delivery, but only for a short time.

- People believe that certain “hot” or “cold” foods should be avoided during pregnancy and after delivery to prevent health problems in mothers and babies. Green leafy vegetables are one such food, and mothers avoid eating them.
- Mothers want to eat fruits, but report that they are often difficult to find in the market.
- **Young infant and children do not eat a variety of food, and in amount and frequency as considered necessary.**
 - The complementary foods given to infants are grain based.
 - Complementary foods contain little to no animal source foods, green leafy vegetables or fruits. Despite families' awareness of feeding micro nutrient rich diet, children's diet is still deficient in iron and vitamins.
 - Mothers want to feed their children fruits, but report that they are often difficult to find in the markets.



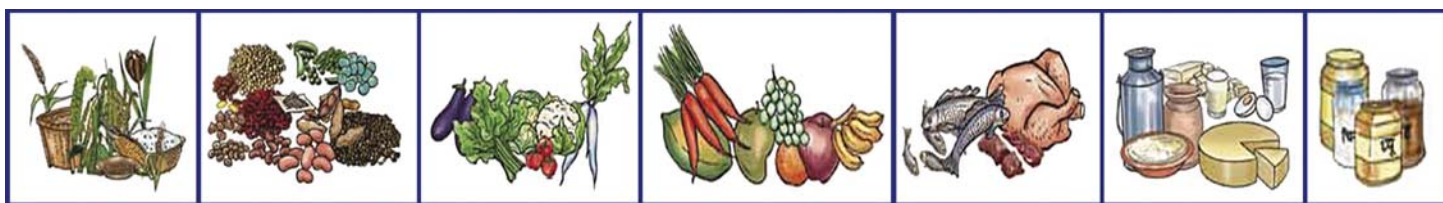
- **People are attracted towards market food items over locally produced foods** as they perceive such market items to be more nutritious.
 - Many nutritious grains such as barley, millet and maize are replaced by nutritionally inferior white rice. This shift is considered progressive.

What we all can do:

- Inform people how to **increase variety (food diversity) in their diet with various locally available foods**. Encourage homestead food production to increase access to diverse local vegetables and fruits.
- **Counsel caregivers** to give babies meat, eggs and

green leafy vegetables in sufficient amounts and number of times each day.

- **Help mothers get extra food.** Educate mothers and family members to give women additional and diverse foods.
- **Share stories** of people who have eaten nutritious but taboo foods during pregnancy and benefitted to encourage women to eat foods rich in vitamins and minerals.
- **Give recipes.** Show people how they can prepare healthy and tasty foods from locally available produce.



Some practices you can help families work on:

- Give women more to food to eat. Include more green leafy vegetables, meat and eggs in their diet.
- Give children meat and eggs to eat. Include locally produced vegetables and fruits in their diet.

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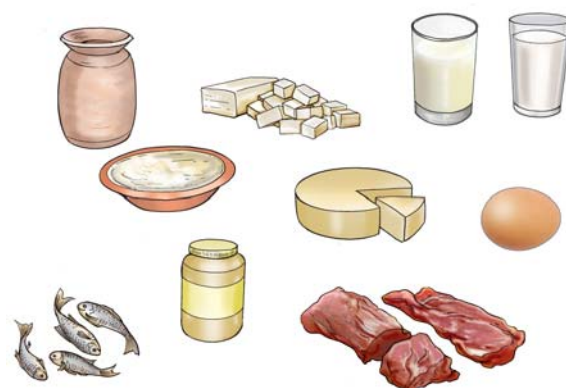
Animal Source Food

What is animal source food? Why is it important?

Animal source foods are food items which we get from animal, poultry and fish, such as milk, ghee, yoghurt, cheese, eggs and meat. They are rich in protein and critical vitamins and minerals, which are needed in high amounts for children to grow and develop properly. Plant source food does not contain as much vitamins and minerals than animal source food which is why it is important to include animal source food in our diet. Children, who are given sufficient amount of animal source food, have high chances of not suffering from anemia, stunted growth, underweight and poor cognitive development, and women who get enough animal source food have high chances of healthy pregnancy and making full and fast recovery after delivery.

Facts

- 7% of children 6-24 months of age consume eggs and 15% consume meat. The same pattern is seen in children 24-59.9 months of age.
- Almost 50% of mothers give meat, fish and poultry to infants after nine months of age which is too late.
- Almost 44% of mothers give eggs to infants after nine months of age which is too late.
- Less than 20% of mothers consume meat and less than 5% consume eggs.



What we learned from our baseline survey and formative research:

Animal source food is rarely given to infants and young children. When meat is given to babies as complementary food, it's often in soup form.

- **Animal source food is started too late.** Many mothers believe that infants cannot chew and digest animal source food until they grow teeth and are older, though this is a misconception
- **Frequency of feeding animal source food is not enough.** Caregivers rarely feed egg, meat, fish and poultry to infants as a part of complementary food and to young children as a part of their regular diet
- **Female Community Health Volunteers (FCHVs) recommend giving animal source food too late.**
 - One in three recommend giving the child egg after nine months of age
 - Nearly one half of FCHVs indicate infants should receive meat/fish at nine months of age rather than the recommended six months

- In some cases, FCHVs advised mothers against feeding eggs to babies.

Animal source food rarely appears in mothers' diet.

- No special arrangements are made to give pregnant women egg, meat and poultry.
- Egg, meat and poultry are added to women's diet after delivery, but it only lasts for few weeks to months. It is given out of concern for the well being of newborns and mothers' recovery.

Some ethnic groups consume less meat than other. Difference is also seen by region.

- Brahmins and Chhetris consume less meat than other ethnic groups.
- Geographically, more meat is consumed in the mountains than in the hills and Terai.

People think animal source food is delicious and nutritious. They want to have it, but eat it only occasionally.

- People report eggs and meat are too expensive for them

to eat and to give to babies.

- They report it is not always available. People tend to buy meat rather than keep livestock for eating purpose.
- Families find the opportunity cost of slaughtering the whole animal for consumption too big.

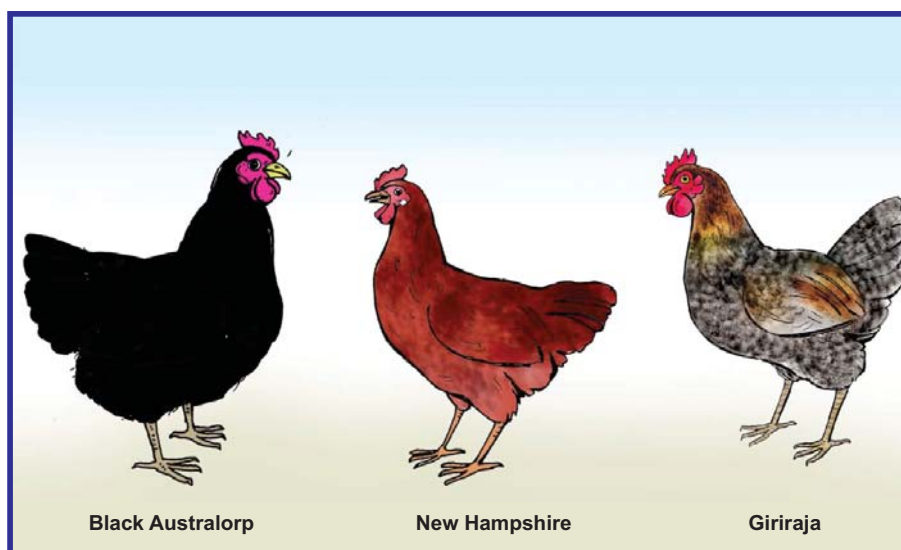
What we all can do?

- **Introduce animal source food earlier** in children's diet than what is currently practiced, and increase consumption frequency of animal source food. Meat can be softened and while eggs and meat both can be minced into small pieces making it easier for children to swallow.
- **Share stories** of families who give egg, meat and poultry to their children and whose children are healthy to show that young children are able to eat and digest eggs and meat.

- **Get fathers and mothers-in-law to purchase eggs and meat to give to mothers and children.** Fathers and mothers-in-law have more decision making power in purchasing food for the household.
- **Encourage animal and poultry farming at household level** to increase access to animal source protein such as eggs and meat. Use village model farmers to teach families how to rear poultry and animals..

Some practices you can help families work on:

- Give egg, meat and poultry to children starting at six months of age instead of waiting longer.
- Introduce egg, meat and poultry in women's diet and increase their amount and frequency when a woman gets pregnant



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Complementary Feeding

What is complementary feeding? Why is it important?

Complementary feeding is supplementary feeding when breast milk alone is no longer sufficient to meet the needs of an infant and when other foods and liquids along with breast milk are needed. Complementary feeding should start only after completion of 6 months. Starting complementary feeding at the right time (after completion of 6 months of age) is important for the child as feeding decisions made during this time impact a child for life. Appropriate and timely complementary feeding helps children to grow, learn and achieve. When children grow physically, they also become clever, perform well in school and are better prepared for the future. Insufficient nutrient intake and illness during this time are causes for malnutrition - stunting, wasting, underweight, anemia and hampers proper brain development. Malnutrition means that children will be sicker, have reduced physical and mental development and sometimes even death.

Important aspects of complementary feeding are to start at the right time, age-appropriate frequency and amount of feedings, the right types of foods, appropriate thickness, and parental interaction during feeding.

Facts

- 41% of children are malnourished (stunted, etc.) nationally.
- 66% % of children who receive or introduced of complementary food (solid, semisolid, or soft foods) at the right time (6-8 months)
- 77.7% of children, minimum meal frequency are receiving solid or semisolid food or milk feeds at least four times a day.

Source: Nepal Demographic and Health Survey 2011

What we learned from our baseline survey and formative research:

- **Complementary feeding is not started at the right time.**
Most families initiate complementary feeding for girls and boys with the rice feeding celebration, but often the rice feeding is before six complete months. Many families start as early as three months of age because they mistakenly think breast feeding is not enough after three months.
 - 2 in 3 families give water and other liquids early (before 6 months)
 - More than half of families give milk other than breast milk early
 - 1 in 3 families give solid foods before the infant is 6 months old
 - 4 in 10 infants don't start eating eggs and meat until late (after 9 months)—largely because parents believe their children can't chew or swallow meat and eggs
 - Girls are more likely than boys to be given foods too early, partly because of ritual rice ceremonies at 5 months of age for girls
- **Care givers rarely give complementary foods frequently enough.**
 - Most families report feeding their children three times a day, with the range being two to five times a day.
- **Children's bellies are filled, but the food is of insufficient quality and variety.**
 - Parents give their children a lot of litto and jaulo. These are usually too watery to be nutritious
 - Parents feel it is more important to fill their children's belly than give them nutritious foods
 - Mothers know vitamins are important but don't give their children fruits and vegetables
 - Nutrient-rich animal source foods such as eggs, meat, fish or milk products are rarely given, or are introduced in children's diet too late. The main reason being the belief that children cannot digest them, though this is a misconception.
- **Packaged foods which have minimal nutritional value for children are increasingly given.** Local traditional food can be more nutritious.
 - Mothers feel that, due to their misperception, that vitamins are added to packaged foods, and they are better than more nutritious traditional foods
- **Parents don't interact with their children when they feed**



because whether a child eats what the mother offers and how much it eats depends on the interaction between the mother and the child during feeding.

- Mothers are “too busy,”

We want to improve what Infants eat at completion of Six Months of Age because

Children grow best when they:

- Get foods in addition to breast milk at about 6 months of age
- Are given enough of the right kinds of foods, especially eggs, meat, green leafy vegetables and foods that are orange or yellow
- Eat foods that aren't watery
- Are fed actively. This means direct eye contact with the parent and encouraging words. Parents should also make eating a fun and enjoyable time.



- **Timing.** Everyone must know to start complementary feeding only at completion of 6 months.
- **The right diversity of food.** Communicate to families the importance of inclusion of diverse foods from four food groups in children's diet and the need for thicker complementary food.
- **Quality and consistency of children's food.** Ensure that child caretakers know that feeding their child different kinds of food in addition to litho/jaulo such as eggs, meat and vegetables are important for the child's mental and physical development
- **Eat locally.** Healthier food can be prepared from locally available grains and vegetables. Infant and young children are able to eat and digest eggs and small bits of meat that is soft.
- **Make child feeding tasty and fun.** Interact with the child when feeding so that the child eats more. Ensure that recipes are available and also taught to family members.
- **Share stories** of women/families who have practiced complementary feeding (after completion of 6 months) and benefitted. Also, stories of women/families who have made minor adjustments in their lives to be able to practice effective complementary feeding.

Some practices you can help families work on:

- If the child has not completed 6 months, give only breast milk instead of water or other milks.
- Give eggs and meat as soon as the child completes 6 months old. Make the small pieces of meat soft so the child can swallow them.
- Grow and eat colorful foods. Dark colored vegetables make a child smart. Market foods don't. If you can't get colorful foods all year long, dry them when they are in season so you can use them later.
- Interact with the child while feeding; talk to him/ her, tell him/her a story about your family or play with his/ her toys. Make meal times fun for both the child and parent/caretaker. It will be easier to feed children if they are happy. Happy children eat more and when they are full they will feel calm.

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Early and Exclusive Breastfeeding

What is breast feeding? Why is early and exclusive breastfeeding important?

Breastmilk contains all the essential nutrients that a baby needs for proper growth and development. Children who are breast-fed are less likely to suffer from allergy, diarrhea, respiratory infections and other diseases. Breastfeeding also allows mothers and babies to bond. Optimal breastfeeding practice is when a mother breast-feeds her baby within an hour of birth, gives colostrum milk which a mother's breasts produce in the first few days after childbirth, breastfeeds exclusively for the first six months and continues breastfeeding for two years or more. Mothers should avoid giving pre-lacteal feeds – substances such as water, ghee or honey given to newborn babies before breastfeeding is started – because giving prelacteal feeds not only delays initiation of breast feeding, but also prevents babies from getting sufficient milk, and may lead to diarrhea and other infections.

Facts

- Only 35% of mothers initiate breastfeeding within one hour of birth
- Less than 50% of mothers exclusively breastfeed until six months of age
- Over 90% of mothers give colostrum
- Almost 25% of mothers give their babies pre-lacteal feeds



What we learned from our baseline survey and formative research:

- Families view breastfeeding with positive attitude and show high awareness of its need, but fall short in following the best practices.
- Families continue to **bath and massage newborns after birth delaying the start of breastfeeding**. Some delay it following the traditional belief of when to begin breastfeeding.
- Mothers continue to **give pre-lacteal feeds to babies delaying the start of breastfeeding** and increasing the risk for infections.
- The most common pre-lacteal feeds are butter, ghee, sugar water, honey or mixture of honey and mustard oil, and homemade beer. Families give these to babies believing that:
 - They help stimulate sucking by newborns
 - Ghee nourishes babies and lubricates babies' throats
 - Tasting honey ensures that babies will continue to have sweet food in the future
 - Mustard and honey when given mixed together prevents gastric problem in babies
- Mothers who discard colostrum milk do it so because of the **misperception that colostrum makes babies sick**.
- **Mothers don't breastfeed exclusively for the first six months**, because:
 - Mothers' milk does not come in or families perceive that mothers don't produce milk immediately after delivery in which case families feed cow or buffalo milk to babies.
 - Mothers perceive that they don't produce enough milk to feed babies.
 - Mothers think that babies get thirsty and need to be given water.
 - Family members believe that infants need other types of food in addition to breastmilk after three or four months.
 - Mothers are too busy with work to breastfeed their babies, or have to work in the field away from their babies.

What we all can do:

- **Improve awareness of the need to breastfeed right after birth.** Ensure that mothers, fathers and mothers-in-laws know about the importance of starting breastfeeding early. Discourage practices that delay breastfeeding. Discourage family members from giving pre-lacteal feeds.
- **Clear misperception about inadequacy of breastmilk.** Inform mothers that they produce enough breast milk. The more mothers breastfeed their babies, the more breast milk their bodies produce. Breastfeeding alone is enough for first six months. Breastfeed frequently and empty one breast before going to the other.
- **Provide practical information with support to turn awareness of exclusive breastfeeding into practice.** Encourage family members to support mothers in her work and take infants to the field so that mothers can breastfeed. Promote lactation management support groups.



- **Build capacity of health care workers and volunteers.** Improve interpersonal and counseling skills of health care workers and volunteers to encourage early and exclusive breastfeeding.
- **Use stories** of mothers who have exclusively breastfed their babies despite obstacles to encourage other mothers to breastfeed their babies.

Some practices you can help families work on:

- Let mothers hold babies after delivery to help them bond together. Start breast feeding early.
- Avoid giving alcohol, sweet substances, ghee or animal milk to babies before breast feeding.
- Give breast milk and avoid giving water, milk and other substances to babies who are less than six months old.



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Family Planning

What is family planning? Why is it important?

Family planning is planning and action taken for each family's brighter future. Family planning services is the means to support us in planning our families. It include providing couples different birth control methods to prevent and delay pregnancy, educating and counseling families on favorable timing for and number of pregnancies by taking into account couples' financial and personal conditions, and informing families about regular health check-ups, supporting mothers during pregnancies and changes that families should make in diet, alcohol drinking or tobacco smoking habits.

Family planning is important because it helps families to avoid unwanted pregnancies, plan for preferred number of children, helps them to maintain gaps between births, helps mothers to recover fully from childbirth, lessens the chances of negative health outcomes such as low birth weight and anemia in children, and helps families to provide better food, health care and education to their children.

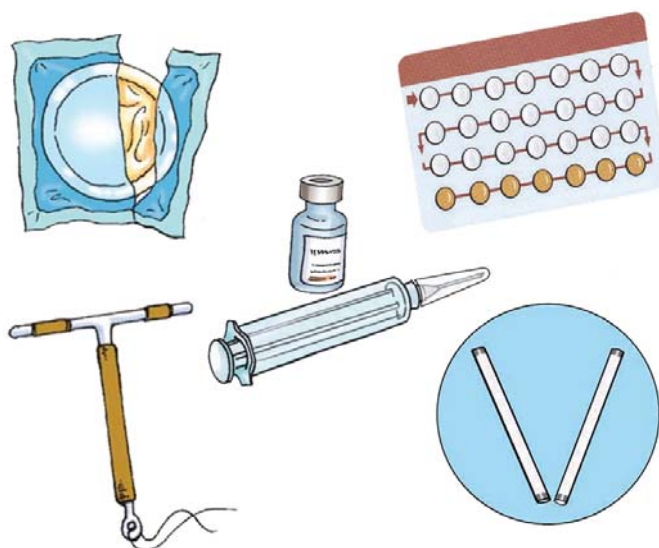
There are gaps in communication regarding family planning. Women talk to woman and men talk to men. Socially they don't get a chance to observe couples having conversations. Many couples don't discuss issues with each other perhaps because they are worried about the other person's potential negative reaction. Sometimes they simply don't know how to start the conversation.

Facts

- 35% of mothers report using some type of birth control method to avoid pregnancy.
- 40% of mothers report ever receiving counseling regarding healthy timing and spacing for pregnancy source.

What we learned from our baseline survey and formative research:

- **People want a small family and see having fewer children as a positive trend.** People think they would be better able to educate and take care of their children if the family size is small.
- Different methods of birth control are available. However, **injection is the most common method used by women.** Oral contraceptives and condoms are only occasionally mentioned as being used.
- **Female community health volunteers (FCHVs) are the main and preferred source of information** about family planning methods. Women are not enthusiastic to visit health posts for family planning.
- **Interaction between husbands and wives about family planning is very low.** While wives are shy to



talk to their husbands about family planning, husbands are not involved in discussion of family planning because of the perception in the community that family planning is only the women's concern.

- **Desire for a son leads families to oppose birth control methods.** In families where mothers have not given birth to a son, family members, including husbands, oppose use of birth control methods.
- **Information, reach and quality of service regarding family planning are not adequate.**
 - Men are left out of programs and conversations regarding family planning which are mostly aimed at women.
 - Men are left out of programs and conversations regarding family planning which are mostly aimed at women.
 - Health posts are less desired over FCHVs for information on family planning due to poor treatment by health care workers and lack of interpersonal counseling.
 - Awareness about family planning in marginalized communities is low.

What we all can do:

- **Include men in discussion about family planning.** Every family planning program must target both women and men. Inform men about the benefits of family planning, improve their knowledge on available birth control methods, and encourage them to talk to their wives about family planning and future of their family.

- **Build confidence of women** to speak to their families and health care providers about family planning.
- **Improve quality of service.** Improve interpersonal and counseling skills of health care workers, and create a comforting environment where shy women can talk freely.
- **Ensure that family planning information and services reach every community.** Improve the reach of information in marginalized communities and increase their level of awareness about family planning.

Some practices you can help families work on:

- Boost women's courage and confidence to talk about family planning.
- Inform men about family planning and encourage them to communicate about it with their wives.



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Husband's and Mother-in-Law's Involvement

What is husband's and mother-in-law's involvement? Why is it important?

By husband's and mothers-in-law's involvement, we mean active participation of both husband and mother-in-law in supporting and taking care of mother before, during and after pregnancy, as well as in feeding and caring of children. It includes of all things, being knowledgeable about health care needs of mothers, providing nutritious food to mothers, taking her for regular health check-up, sharing burden of work at home, making sure mothers have enough time for her and her children, helping mothers to take care of her children when she is busy, and that mothers have someone to go to when she needs help. Since both husband and mother-in-law have large decision making power in the household, their involvement is important for healthy pregnancy, fast and full recovery of mothers after delivery, healthy birth and development of children.

Facts

- Husband and mothers-in-law play minimal role in maternal and child health.

What we learned from our baseline survey and formative research:

- **Involvement of husbands in family planning is low.**
 - There is little interaction between husbands and wives about family planning.
 - Maternal and child health program focus mostly on women leaving fathers out from maternal and child health related messages and discussions, including family planning methods.
- **Absence of husbands constrains women's access to health care.**
 - Husbands have the responsibility to take both women and children for health check-up. When they are absent, wives have to seek support from a female member of the household, a neighbor or a friend to accompany her to health posts constraining her access to health care.
- **Knowledge and decision making power of husbands and mothers-in-law affect the types of food women get before, during and after pregnancy.** Husbands are the main income earners, and along with mothers-in-law, are the main decision makers in purchasing household necessities including food for the family.
 - They do not prioritize dietary and care needs of women before and during pregnancy.
 - Husbands take the main responsibility to provide for nutritious food to new mothers after delivery, but the provision of nutritious food only lasts for two to three months.
- **While mothers-in-law sometimes feed babies during mothers' absence, husbands rarely do so.**
 - Many husbands are absent due to working abroad.
 - Those who are present, rarely support mothers in her work, and have little to no involvement in feeding and caring of infants.
- **Husbands are not a significant source of information on maternal and child health care needs.**



- Husbands have little interaction with their wives about family planning.
- Only few husbands gather information from other women in the community about dietary and care needs of new mothers and babies, and relay that information to their wives.
- **Mothers-in-law are a significant source of information on maternal and child health care needs.**
 - They provide new mothers with valuable advice on breastfeeding and complementary feeding though sometimes they pass on incorrect information.
 - They are open to learning and adopting newer approaches to taking care of mothers and children.



What we all can do:

- **Improve knowledge of husbands and mothers-in-law on maternal and child health and nutrition.** Inform husbands and mothers-in-law about need for additional, diverse and nutritional food for mothers and children, and provide support to them to make healthy food purchases.
- **Support women.** Inform and encourage husbands and other family members to support mothers to reduce her workload so that mothers have more time to take care of their babies. (e.g. purchase small amounts of meat for the mother and child, give the mother an extra hour of rest by helping with the household work)
- **Encourage husbands to take care of their wives and children.** For men who migrate to work, help build linkages to the families they leave behind for better support of their wives and babies.
- **Share stories** of families in which husbands take significant role in feeding and caring of mothers and children to encourage other husbands to do the same.

Some practices you can help families work on:

- Encourage men to discuss about family planning with their wives.
- Encourage and support mothers to go for health check-up.
- Provide support to mothers in taking care of children.

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Maternal Nutrition

What is maternal nutrition? Why is it important?

By maternal nutrition, we mean women's nutrition during pregnancy and after delivery when the mother is breastfeeding. During these times women need more and diverse food. Proper maternal nutrition is important to protect maternal health. It prevents early death and poor health outcomes, such as anemia and chronic energy deficiency in mothers. What mother eats during pregnancy also affects the growth and development of her baby. Proper maternal nutrition prevents stunted fetal growth, and poor health in newborns, such as deaths, low birth weight and birth defects.



Facts

- 40.6% of non-pregnant women are anemic. Cases of anemia is higher in pregnant women than in non-pregnant women.
- 29.6% of non-pregnant women and 32.8% of pregnant women have chronic energy deficiency

What we learned from our baseline survey and formative research:

- **Mothers usually eat less food than others in the household and eat fewer selection of food.**
 - Mothers eat more staples and legumes, but little green leafy vegetables and fruits
 - Women only occasionally eat animal source foods in the form of meat and eggs, with less than 20 percent consuming meat and less than 5 percent consuming eggs.
- **Family members do not prioritize mothers' diet before and during pregnancy.**
 - No special arrangements are made to give pregnant

women egg, meat and poultry.

- Egg, meat and poultry are added to women's diet after delivery, but it only lasts for short time, few weeks to first few months.
- **People pick out certain foods as unsuitable to eat during pregnancy and breastfeeding.**
 - People believe “hot” foods (which generate additional heat in the body) and “cold” foods (which generate coldness in the body) harm both mothers and babies and should be avoided.
 - By avoiding “hot” and “cold” food, mothers don't get foods rich in vitamins and minerals, such as green leafy vegetables and yellow fruits and vegetables.

- Traditional healers help to perpetuate this misconception about foods.
- **Mothers report taking supplements, such as iron tablets, during pregnancy.** But, they complain that supplements are not always available in the health posts.
- **Cost and availability affects what women get to eat.** Families find the opportunity cost of slaughtering a whole animal to feed pregnant and new mothers too high, and mention difficulty in finding certain fruits and vegetables in their village.

What we all can do:

- **Additional food.** Inform family members that during pregnancy and breastfeeding mothers need extra food due to increased energy and nutrient demand.
- **Diverse food.** Educate family members on the type and variety of food groups that should be given to women during pregnancy and breastfeeding to meet

her and babies' nutrient demand.

- **Encourage production of diverse foods and raising animals** so that mothers have sufficient nutritious food to eat during and after pregnancy.
- Work with traditional healers to **change the misconception surrounding hot and cold foods.**
- **Use stories** of families who give mothers sufficient and diverse food to reinforce the message about proper maternal nutrition.

Some practices you can help families work on:

- Give pregnant and breastfeeding women more food. Feed them eggs and meat, green leafy vegetables, and yellow fruits and vegetables.



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Women's Empowerment

What is empowerment?

When people are empowered they demonstrate improved self-reliance, confidence, knowledge, skills and decision-making power. Often, those who are empowered have greater income earning potential, access to credit and control over income. Usually, they participate actively in community groups and have a wide social network. Empowered individuals are able to tackle cultural, economic or structural obstacles that keep them from realizing their full potential. While we often speak of women's empowerment, sometimes men need to be empowered as well.

Why is empowerment important?

Empowerment—and in particular, women's empowerment—is important because it helps women voice their need, remove discrimination in the home and at work, gain access to services they need and take better care of themselves and their children.

What we know about empowerment in districts where Suaahara works:

In 2012, Suaahara conducted a baseline survey and formative research. This is what we learned:

- **Often, women lack confidence to talk about family planning.** In marginalized communities such as those where dalits and janajatis live, women are not as aware of family planning as women in other communities.

Many women feel shy talking to their husbands and to health care workers about family planning. And husbands do not feel the need to consult their wives before making decisions about family planning.

Some women say that if they have not given birth to a son, they are unable to negotiate the use of birth control.

- **Women lack information about how to access health services, how to feed their children good food and how to take care of their children when they are sick.**
 - Many mothers are unaware of complications that could arise during pregnancy and delivery. They consider pregnancy a “simple, natural process” and tend to deliver at home.
 - Very few mothers seek postnatal care (PNC) at health posts because they lack information about available health services.
 - Many mothers do not know much about nutritious foods nor the need to increase the amount of food children get when sick.



- **Quite a few mothers do not control decisions about what foods they should buy for their families.**
 - Because fathers are seen as the ones who “earn money,” they often decide how to spend it.
 - Mothers-in-law have greater control than their daughters-in-law when it comes to decisions about what family members should eat—including the amounts and kinds of food daughters-in-law consume during pregnancy and post-partum.
 - Many women have no access to credit and have limited decision-making power regarding income.
 - Mothers report wanting to feed their children more meat and eggs if they have money.
 - Families believe that some food create an imbalance between hot and cold in the body and should therefore be avoided. As such, families restrict mothers from

eating certain foods that are rich in vitamins and minerals.

- **Women must rely on husbands to take them for health check-ups.** When husbands migrate for work, women rely on other family members to take them for health services.
 - Husbands do not want their wives to be touched by health workers. Frequently, husbands are unwilling to have their wives consult doctors, nurses and other health care providers.
- **During pregnancy, women do not get the support they need from husbands. After delivery, husbands do not help wives with household chores and do not help feed and provide care for infants.**
 - Mothers say they are unable to breastfeed frequently because of their heavy work load.
 - Mothers report that they are unable to care for sick children properly because of their workload.
- **Women rarely participate in community groups.**



What all of us can do:

Build women's confidence so that they can communicate effectively with husbands, mothers-in-law and health care providers about family planning and other health services and negotiate for the best health care they can get.

Work with health posts to improve women's access to information about health services, especially the importance of postnatal care. Work with families to improve women's access to information about how to care for oneself during pregnancy and how to help the sick child.

- **Encourage families to grow diverse, nutrient-rich vegetables and raise small livestock**—especially poultry—to improve household food security.
- **Build and strengthen support groups** for mothers to help them identify ways to share workloads with other family members and to better care for children.
- **Increase women's access to and control over food and household income.**
- **Increase women's decision making power.**



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Sick Child Care

What is sick child care? Why is it important?

Care of sick child falls includes immunizing children against diseases, taking them for regular health check-ups, and following sanitary feeding practices. For a sick child, proper care includes providing adequate breastmilk, as much food as normally eaten or more foods and liquids during illnesses and for at least two weeks after illness, and taking sick children for regular health check-up by professionals trained in health care. Proper care of sick children is important to prevent mortality and malnutrition, which leads to stunting, wasting, underweight and anemia. Proper care ensures better growth and development, and has effects on children's life-long quality of life.

What we learned from our baseline survey and formative research:

- **Liquid is fed during diarrhea.** Families feed liquids and oral rehydration therapy when children suffer from diarrhea. Families are specifically aware of JeevalJal which is given during diarrhea.
- **Additional food is not given.** Most families do not know that they need to give additional nutritious food to sick children.
 - Mothers feed less food to sick children, because they think sick children have little appetite.
 - Mothers do not know how to take care of sick children who are unwilling to eat.
- **Food is of insufficient quality.**
 - Parents stop giving litto, a main complementary food, to sick children.
 - Sick children are fed starchy foods, lentil soup, milk and other light foods. Parents choose to feed light foods because they think sick children can digest only light foods.
- **Duration of feeding is insufficient.** Families do not know that they need to give sick children additional nutritious food for at least two weeks after the illness. If extra food is given, parents stop it soon after the child gets better.
- **Sick children do not get proper care from mothers.** Mothers report that they are unable to provide proper care because they are always busy with work.
- **Parents consult both doctors and traditional healers when their children are sick.** Parents decide whom to consult based on the type of health concern or illness and its severity.



- For immunization and micronutrient supplements, families follow volunteer health workers advice and take children to health posts.
- For diarrhea and fever/cough, families visit pharmacy and sub-health post most frequently.
- For illnesses they believe to be of spiritual nature, parents take their sick children to traditional healers.
- **Many traditional healers refer families to health posts or hospitals** if they know they cannot cure sick children.

What we all can do:

- **Additional food and liquid:** Explain to family members that during and after illness a sick child needs to be fed additional quantities of food and liquid.
- **Quality of food:** Ensure that family members know it is important to feed sick children healthier and thicker foods.
- **Duration:** Inform family members to give additional, healthier and thicker food to sick children during illness and for at least two weeks after illness.
- **Share stories** of families who gave additional

food and liquid during and after illness to sick children and the children recovered fully.

- **Train** traditional healers and medical shop keepers on what makes up proper feeding practice for sick children and to pass this information on to families who consult them.

Some practices you can help families work on:

- Keep feeding complementary food and milk to a sick child. Give more food for longer period of time.
- Help mother in her work so that she can have more time to take care of her sick child.



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Sanitation

What is Sanitation? Why is it important?

Sanitation is about managing human excreta as well as other solid wastes and wastewater to keep the environment clean and healthy. People need to keep their surroundings clean so that their children and themselves do not come in contact with dirt and germs. Having a clean environment helps to prevent spread of infectious diseases, such as diarrhea which may affect children's growth and development, and prevent death. Access to toilet is also important to improve quality of life of women and girls, who may otherwise face unsafe conditions or harassment when relieving themselves in open spaces. To maintain adequate sanitation each household and community require access to sufficient water for washing and cleaning, access to toilet, and proper collection, transfer and treatment of wastes.

Facts

- 64% of the households have access to toilets
- About 50% of the households practice open defecation
- 42% of children less than five years of age openly defecate
- About 30% of mothers drop young children's stool into a toilet
- About 20% of mothers improperly get rid of their young children's stool by doing nothing, burying, or throwing the stools in the yard.

Many of these children being unsupervised by adults may play in the dirt.

- People do not clean around their surroundings. **Cleanliness is not a priority.**
 - Most households are indifferent towards cleanliness and observe lax cleanliness around their houses.
 - Mothers are primarily responsible for cleaning, but since they often have heavy work load, they find it difficult to prioritize cleanliness above other works.



What we learned from our baseline survey and formative research

- **People defecate in the open.** Despite the presence of toilets, many households don't use them. Children under 5 years of age from households with toilets also defecate in the open.
- **Mothers improperly dispose their young children's stool in the yard.** Majority of mothers tend to do this despite the presence of a toilet.
- **Many live in close proximity to animals and their waste.** In some places, people and animal live in the same building, and in some households animals freely roam about in the yard in front of the house people live in. In such places, children, who often walk around barefoot, come in contact with dirt and animal waste.



What we all can do:

- Encourage people to use toilet and avoid open defecation.
- Educate families about the importance of proper waste disposal to keep their children and environment healthy.
- Ask and get individuals and communities to clean their surroundings.
- Inform people of the importance of separating animal living space from human living quarters.
- Advocate for division of work and provide support to mothers to keep their surroundings clean

Some practices you can help families work on:

- If a household has a toilet, encourage family members including small children to use it.
- Encourage families to sweep around their house.
- Create a barrier between animal shed and immediate household surrounding to prevent children from coming in contact with animal waste. Raise chicken in coops, keep baby away from animals like dog, cat, cow, goat etc.
- Ensure every household has a designated space in which children do not come in contact with animals and their waste.
- Keep baby away from human and animal feces.
- Manage animal and human feces properly (use toilet, garbage pit etc.)



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Soap Use

What is proper handwashing practice? Why is it important?

Proper handwashing includes washing both hands with clean water using soap. Hands and fingers are rubbed at least three times, and after washing, hands are dried using clean cloth or towel. Washing hands with water alone is not as effective in removing germs as washing hands with soap is. To prevent intestinal worms, diarrhea and respiratory infections, hands should be washed at certain critical times: before preparing food, after handling food, before eating and feeding babies, after eating food, after using toilet, before taking care of young children and after changing diapers or cleaning child's bottom, after taking care of sick person, and after touching animals, dirty surfaces or garbage

Facts

- 71% of households have water available for handwashing
- 54% of households have soap/ash available for handwashing
- 15% of mothers can demonstrate appropriate handwashing practices
- Less than 20% of mothers report handwashing at all five critical times (before preparing food, feeding children and eating, and after defecation and handling feces)

- **Soap is considered unnecessary for handwashing and its use is minimal.** The most common practice among people is to use water alone for handwashing. They use ash if it is available, but soap use is usually ignored.
 - Family members feel that handwashing soap is expensive and not important for cleanliness.
 - Handwashing soap is taken as an extra item or a luxury item that can be done without.
 - People view handwashing soaps differently from laundry soaps. So, even when households have laundry soaps, people do not use them for handwashing.

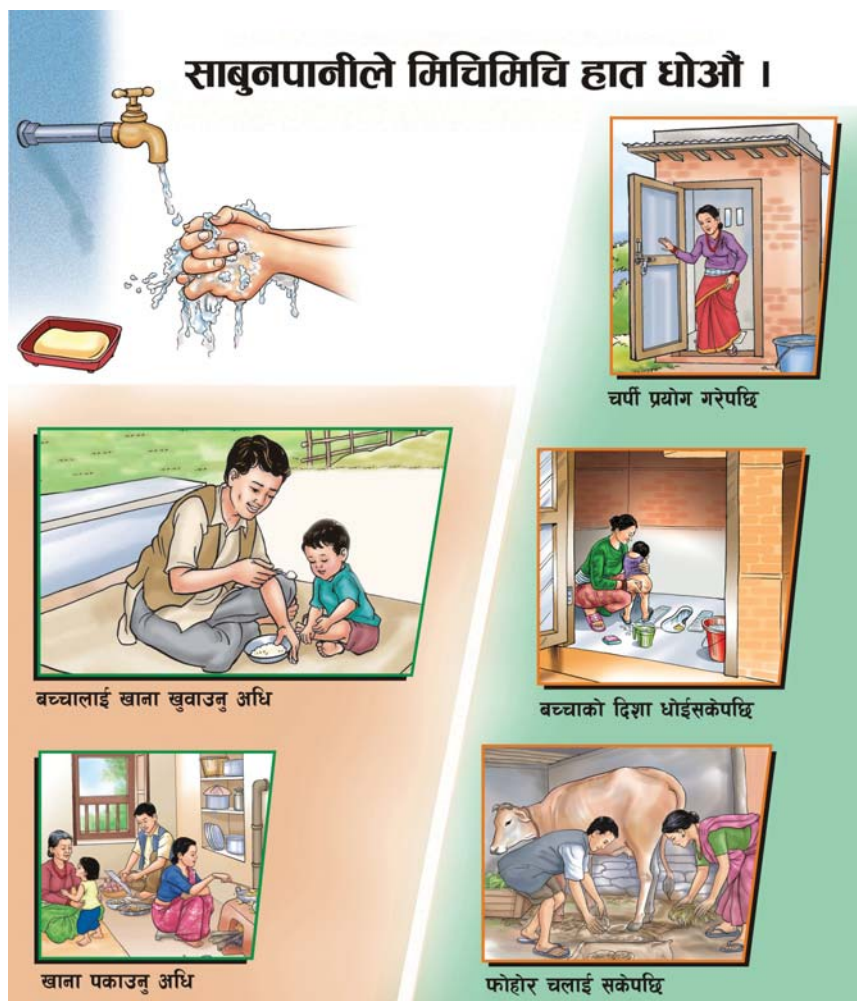
What we learned from our baseline survey and formative research:

- **Handwashing is not regular and properly done.** Majority wash both hands with clean water in rubbing action, but when it comes to following all five key handwashing behaviors, which includes using clean water, using soap, washing both hands, rubbing hands long enough and drying hands with clean cloth or towel, most do not practice them.
- **Most families do not wash hands at all five critical times and don't consider their hands dirty.** Though many wash hands before eating and after cleaning a child's bottom, majority do not know the importance of handwashing before feeding a child. Parents don't see the need to wash hands at all 5 critical times because they don't consider their hands dirty



What we all can do:

- **Proper handwashing:** Tell people that hands should be regularly washed with clean water and soap. Inform them that drying hands with clean cloth or towel after washing is as important as washing hands with water to keep hands clean from germs.
- **Handwashing at critical times:** Inform people that regular handwashing is needed to remain healthy, and that there are certain critical times when hands should be washed with water and soap.
- **Soap use:** Encourage people to wash hands with soap. Inform them that they can wash hands with laundry soap if handwashing soap is not available.
- **Media and interpersonal methods:** use both media and face-to-face interaction to convey messages about the importance of handwashing, and hygienic food preparation and feeding.



Some practices you can help families work on:

- Tell families that handwashing with soap is necessary to keep hands free of germs and to prevent diseases.
- If there is no handwashing soap, ask families to use laundry soaps.
- Ask mothers to wash hands before feeding their babies.

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Sources of Information

What are sources of information? Why are they important?

Sources of information on maternal and child health and nutrition can be mothers-in-law, husbands, mothers and mothers' group from the community, female health care volunteers (FCHVs), doctors and nurses, traditional healers, schools (teachers), friends and media sources such as posters and pamphlets, radios and TVs. It is important to understand the availability, reliability, use and importance of different information sources to plan an effective communication campaign on maternal and child health.

What we learned from our baseline survey and formative research:

- **Main sources of information for maternal and child health and nutrition are mothers-in-law, FCHVs, traditional healers and radio.**
 - Role of fathers is minimal as knowledge holder and guide on health and nutrition related issues of mothers and children.
 - Friends and neighbors are other sources of information on maternal and child feeding.
 - Mothers-in-law are generally very open to learning new information and making changes that they see are beneficial for their grand children.



Source	Type of information these sources provide
Mothers-in-law	Child feeding, Child care, Food during pregnancy
FCHV	Information about health systems and services
Clinicians	Illness (infrequent advice related to child health and nutrition)
Traditional healer	Food during and after pregnancy, Child feeding, Illnesses
Radio/TV	Breastfeeding and (rarely) immunization

- **Interpersonal communication is the most prominent and preferred source of information.**
 - Broadcast media appear underutilized.
 - Messages heard in radios are passed down from one person to another in the community. Mothers-in-law report passing down radio messages on breastfeeding to mothers.
- Mothers are the main target of most health and nutrition related information. **Fathers and other family members appear left out of communication.**
- **Mothers have good access to health and nutrition related information from FCHVs.**
 - FCHVs visit households to provide information on immunization, nutritional supplements, and

maternal health during and after pregnancy. Mothers are their main target audience.

- **Families trust and use the advice of FCHVs and traditional healers.**
 - Families take mothers and children to health posts or hospitals for check-up on FCHVs advice.
 - Families consult traditional healers when mothers and children fall sick. Traditional healers provide advice to families on what mothers and children should and should not eat.
- **Information provided by mothers-in-law, neighbors, FCHVs and traditional healers are not always reliable.**
 - Information passed down by mothers-in-law and neighbors on breastfeeding and complementary feeding are not always correct.
 - FCHVs recommend giving animal source food too late, and in some cases advise against feeding eggs to babies.
 - Traditional healers recommend families to avoid certain hot and cold foods in diets of pregnant women, new mothers and sick children. This includes foods rich in vitamins and minerals.

What we all can do:

- **Involve fathers.** Current services and programs disproportionately target mothers. So, include fathers in messages related to health and nutrition of mothers and children.

- **Use multiple channels** – media, community mobilization and interpersonal counseling – to inform families about proper food and feeding practices.
- **Increase nutrition messages through the broadcast media** to counter misbeliefs about child feeding and to enforce correct practice by providing examples from the community.
- Provide training, support groups and visits to **improve knowledge and practice of traditional healers, mothers-in-law, mothers and fathers.**

Some practices you can help families work on:

- Take mothers and children to health posts or hospitals and avoid consulting traditional healers.
- Encourage fathers to learn more about health and nutrition, and participate in taking care of their wives and children.



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Access to Health Care

What is access to health care? Why is it important?

Access to health care means people get the health service they need when they need it and where they need it. It goes beyond having a health post and a doctor in a village to include the distance and ease to get to the health post, finding the right doctor and treatment on time, using the health service, being able to pay for the service, and being satisfied with the service. It includes both the ability of the people to seek health care and the ability of health services and systems to meet people's need. Good access to health care is important to promote healthier lives, and prevent diseases and premature deaths. It ensures that people from every community receive the health care they need and no one is unfairly left behind. Here, by access to health care, we mean particularly mothers, newborns and children's access to health care and any barriers they face in receiving the health care.

Facts

- 63% of women received all four recommended antenatal care (ANC) visits by a health professional
- 75% of women received ANC from a skilled provider
- 17% of women made at least three postnatal care (PNC) visits
- 48% of newborns received postnatal health checks within one day of birth
- 45% of newborns received postnatal health checks after seven days of birth



What we learned from our baseline survey and formative research:

- People don't always seek health care from skilled health care providers. **They tend to seek health care and advice from traditional healers, pharmacists, or medical shop keepers, because:**
 - People put low confidence on service delivery and quality at health post.
 - People choose whom to go to based on their perception of disease and its severity. For diseases of spiritual nature, people seek treatment from traditional healers. When children suffer from diarrhea and fever/cough, families visit the pharmacy and sub-health post most frequently.
- **Distance to health center matters** especially for pregnant women to receive health care. If birthing centers are far, pregnant women tend to deliver at home.
- **Women don't always use services provided at birth center** and give birth at home.
 - Women perceive pregnancy as a natural and simple process that does not require the use of health service.
 - Women perceive their delivery will be easy without complications.
- Women are discouraged to go to health posts due to maltreatment from health care providers.
- Women perceive that services provided in birthing centers are not any better than home delivery.
- **Women's satisfaction with health services provided by health post is low.**
 - Women complain that resources such as skilled health workers, vaccines and supplements like iron tablets are not always available.
 - Women are discouraged to visit health posts due to poor treatment. They report being scolded by health care providers.
 - Husbands are concerned about physical exploitation of their wives by health care providers.
- **Women's self-efficacy in accessing health care is low.**
 - Husbands are expected to accompany their pregnant wives and take their sick children to health posts. In the absence of their husbands, women rely on other female family members or neighbors to take them for health check-ups.
 - Women are too busy with heavy workload to visit health posts.
 - Shyness prevents them from talking to health care workers and accessing health services such as family planning.

- Women are not aware of all the services provided by health centers.
- Women see lack of education as a barrier mentioning “educated” women use health facilities, for example to give birth.
- **Access to information on all aspects of health care is lacking.** While information and awareness on what to do during diarrhea is widespread, people have little information on nutrition for mothers, infants and sick children. Information and awareness on PNC visits is also low.



- **Access to correct health care information is hindered when people consult people other than skilled health workers** on issues related to pregnancy and illnesses.
 - Traditional healers often pass incorrect information on foods women and children should and should not eat, though some also refer cases they cannot cure to health posts.
- **There is disparity in reach of health messages.** Marginalized communities and men are left out of messages and discussion on family planning.

What we all can do?

- **Improve access to information.** Promote messages on nutrition, ANC and PNC visits so that every family member is aware of them. Improve the reach of information in marginalized communities and increase their level of awareness about family planning.
- **Build confidence of women** to speak to their families and health care providers about their needs related to family planning, pregnancy and PNC visits.
- **Improve quality of service.** Improve interpersonal and counseling skills of health care workers, and create a comforting environment free of abuses. Strengthen skills of health care providers, pharmacists, medical shopkeepers and traditional healers.
- Ensure that family members **share workload and provide support to mothers.**

Some practices you can help families work on:

- Support women and encourage them to talk about their health care needs.
- Inform families about PNC services.
- Ask people to visit health posts instead of visiting those not trained in health care.



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